

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05915

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salem</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salem</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Emma Catherine Boardley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 11 1891</u>
9. AGE last birthday <u>60 yrs.</u>		10. If under 1 year (Month) (Day) (Hours) (Min.) <u>1 8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Salem, Dor. Co. Md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13. FATHER'S NAME <u>John H. S. Boardley</u>		14. MOTHER'S MAIDEN NAME <u>Hester Mockins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Howard Boardley, Salem, Md</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

## Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## INTERVAL BETWEEN ONSET AND DEATH

6 days

6 wks.

6 wks.

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1951, to 6-11, 1951, that I last saw the deceasedalive on 6-9, 1951, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 13, 1951John Mace Jr., M.D.Herbert M. St. Clair, Jr.Cambridge

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



**RECEIVED**  
JUN 15 1891  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05916

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Cambridge</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		MARYLAND LENGTH OF STAY (in this place) <u>4</u> years		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Wicomico</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Salisbury</u> STREET ADDRESS (If rural, give location) <u>200 E. Church St.</u>	
3. NAME OF DECEASED (Type or Print) <u>EDGAR</u> (First) <u>MARTIN</u> (Middle) <u>BROWN</u> (Last)		4. DATE OF DEATH June 27 1951		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>6/19/67</u>	
9. AGE last birthday <u>84</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. at Seth Thomas Clock Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Vermont</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Martin Van Buren Brown</u>	
14. MOTHER'S MAIDEN NAME <u>Lura Viney Titus</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY No. <u>009-14-5269</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital records</u>					

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Broncho pneumonia

3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis, Myocarditis

several years

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Senile Psychosis

several years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 8, 1951, to June 27, 1951, that I last saw the deceasedalive on June 27, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. D. E.S.S.H., Cambridge, Md.6/27/51

23. BURIAL CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
		<u>7/1/51</u>		<u>Bennington Cemetery</u>		<u>Bennington, Vermont</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>June 28, 1951</u>		<u>John Mac, Jr., M.D.</u>		<u>Kenneth R. Thomas, Cambridge, Md.</u>		<u>Wallbridge Co., Bennington, Vt.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A157

RECEIVED

JUL 1 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

05917

## CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH - COUNTY <u>Harchester</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Harchester</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>			
TOWN <u>Cambridge</u> LENGTH OF STAY (in this place) <u>approx. 8 years</u>				TOWN <u>Cambridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge-Maryland Hospital</u>				STREET ADDRESS (If rural, give location) <u>18 Cross Street</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Martha</u> (Middle) <u>(No middle name)</u> (Last) <u>Brown</u>				4. DATE OF DEATH (Month) <u>June</u> (Day) <u>15</u> (Year) <u>1951</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-28-28</u>	
9. AGE last birthday <u>22</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>food packing</u>		11. BIRTHPLACE (State or foreign country) <u>Charleston, S.C.</u>	
13. FATHER'S NAME <u>Unborn (deceased)</u>				14. MOTHER'S MAIDEN NAME <u>Grace Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY No. <u>231-34-4737</u>		17. INFORMANT <u>Records of Phillips Packing Company</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>981X Hemorrhage in Pericardial + Pleural Cavities</u>						<u>26 minutes</u>	
Antecedent cause(s) (b) <u>166 Gunshot wound thru right arm, thorax, both lungs and heart.</u>						<u>26 minutes</u>	
(c) <u>None</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Food Packing Building</u> (CITY OR TOWN) <u>Cambridge</u> (COUNTY) <u>Harchester</u> (STATE) <u>Maryland</u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 15-1951</u> <u>11:30 P.M.</u>				INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR? <u>Shot with a .32 Cal. gun</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input checked="" type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <u>Erider H. Wolff</u> (Degree or title) <u>Assistant Deputy Medical Examiner</u> ADDRESS <u>Cambridge, Maryland</u> DATE SIGNED <u>6-19-51</u>							
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF <u>6-23-51</u>		NAME OF CEMETERY OR CREMATORY <u>Clinton Cemetery</u>		LOCATION (City, town, or county) (State) <u>Clinton, South Carolina</u>	
DATE REC'D BY LOCAL REG. <u>June 21, 1951</u>		REGISTRAR'S SIGNATURE <u>John Grace, Jr. M.D.</u>		24. FUNERAL DIRECTOR <u>Lewis T. Bayneum</u>		ADDRESS <u>Cambridge, Md. 690426</u>	

RECEIVED  
JUN 22 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

05918

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Rural Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>M.</u> (Middle) <u>ETHELYNE</u> (Last) <u>CALLOWAY</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>14</u> (Year) <u>51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>10-8-1860</u>
9. AGE last birthday <u>90</u> yrs.		10. If under 1 year Months Days If under 24 hrs Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Richard N. Merriken</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca N. Sipple</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>- - -</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital Records</u>			

18. MEDICAL CERTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Myocardial failure</u>		<u>2 days</u>
(b) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last <u>General arteriosclerosis</u>		<u>?</u>
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intratrochanteric fracture of left femur</u> <u>Senile psychosis, simple</u>		<u>4-16-51</u> <u>8 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		
PLACE (Home, farm, factory, street, office bldg., etc.) <u>State Hospital, Cambridge, Dorchester, Maryland</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4-16-51</u> <u>3 P.</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Was pushed down by another patient.</u>
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
SIGNATURE <u>John Mace, Jr., M.D.</u> (Degree or title)		DATE SIGNED <u>6-14-51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6-16-50</u>
NAME OF CEMETERY OR CREMATORY <u>Rock Creek Cemetery</u>		LOCATION (City, town, or county) (State) <u>Washington, D. C.</u>
DATE REC'D BY LOCAL REG. <u>June 15, 1951</u>		24. FUNERAL DIRECTOR <u>Jerome Frampton, Federalsburg, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A



RECEIVED  
JUN 18 1951  
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

05919

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hurlock - Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hurlock - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Shiloh Road</u>		STREET ADDRESS (If rural, give location) <u>Shiloh Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Thomas</u>	(Middle) <u>Eugene</u>	(Last) <u>Coleman</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>3</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2, 1874</u>
9. AGE last birthday <u>77</u> yrs.		10. If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Canning Factory</u>	
11. BIRTHPLACE (State or foreign country) <u>Dorchester County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Coleman</u>		14. MOTHER'S MAIDEN NAME <u>Fannie Cephas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>218-07-3458</u>	
17. INFORMANT AND ADDRESS <u>Susie A. Coleman, Hurlock, Maryland</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral hemorrhage</u>		<u>2 hrs</u>
443X Antecedent cause(s) (b) <u>Hypertensive cardiac vascular disease</u>		<u>?</u>
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN)	(COUNTY)
(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>June 6, 1951</u>	<u>Federal Hill Cemetery</u>	<u>Federalburg, Maryland</u>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>June 6 1951</u>	<u>Charles H. Heston</u>	<u>J. J. Frampton and Son,</u>	<u>Federalburg Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 11 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05920

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Sharptown - Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Sharptown - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Sharptown-Eldorado Road</u>		STREET ADDRESS (If rural, give location) <u>Sharptown-Eldorado Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Emma</u> (Middle) <u>Henrietta</u> (Last) <u>Coppersmith</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 10, 1895</u>
9. AGE last birthday <u>56</u> yrs.		10. If under 1 year Months <u>17</u> Days <u>19</u> Hours <u>51</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Brooklyn, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ernst Helfst</u>		14. MOTHER'S MAIDEN NAME <u>Gertrude Schierloh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Ernest Coppersmith, Sharptown, Maryland</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a) Cerebral Hemorrhage

##### Antecedent cause(s)

(b) Hypertension

(c) stating the underlying cause last

#### INTERVAL BETWEEN ONSET AND DEATH

6 days

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

#### 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work ☐ Not While At work ☐

#### HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11<sup>th</sup>, 1951, to June 16<sup>th</sup>, 1951, that I last saw the deceased

alive on June 16<sup>th</sup>, 1951, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

William E. Erickson M.D.

Helen M.

June 18<sup>th</sup>, 1951

#### 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 20/51 Charles Hastings

J. J. Frampton and Son, Federalburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED  
JUN 25 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05921

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Town rural Cambridge</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Q.A.</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Town Centreville</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>CLARENCE</u> (Middle) <u>ALOYSIUS</u> (Last) <u>EMBERT</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>8/29/76</u>
9. AGE last birthday <u>74</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital records</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Cerebral hemorrhage</u>		<u>3 hours</u>	
Antecedent cause(s) (b) <u>General Arteriosclerosis</u>		<u>5 years</u>	
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Deficiency (imbecile) Blind in both eyes (cataracts) deafness, both ears.</u>		<u>Life Long</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 8, 1950, to June 13, 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE M. DeMa (Degree or title) M.D. ADDRESS E.S.S.H., Cambridge, Md. DATE SIGNED 6/13/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6-15-51</u>	NAME OF CEMETERY OR CREMATORY <u>Eastern Shore State Hospital, Cambridge, Md.</u>	LOCATION (City, town, or county) (State) <u>Cambridge, Maryland</u>
DATE REC'D BY LOCAL REG. <u>June 18, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr. M.D.</u>	24. FUNERAL DIRECTOR <u>Belmonte Funeral Service</u>	ADDRESS <u>Cambridge, Maryland</u>

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 18 1951  
U.S. DEPT. OF JUSTICE

10

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05922  
Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Caroline</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Cambridge</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Bursville, rural</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Eastern Shore State Hospital</b>		STREET ADDRESS <b>-</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <b>Martin</b>	(Middle) <b>Emory</b>	(Last) <b>Fleetwood</b>
5. SEX <b>m</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>single</b>	8. DATE OF BIRTH <b>unknown</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Delaware</b>
13. FATHER'S NAME <b>unknown</b>		14. MOTHER'S MAIDEN NAME <b>Hester Fleetwood</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT AND ADDRESS <b>Mrs. Ruth A. Kenton, Denton, Md.</b>

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Heart failure**

Antecedent cause(s)

(b) **Hypostatic Pneumonia,**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) **General Arteriosclerosis**

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

**Phlegmonis R elbow****Psychosis w. ~~Arteriosclerosis~~ cerebral arteriosclerosis**

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

## 20. AUTOPSY?

Yes ☐ No ☒INTERVAL BETWEEN ONSET AND DEATH  
**24 hrs****4 days****several years****6 days****3 years**22. I hereby certify that I attended the deceased from **May 19**, 1951, to **June 2**, 1951, that I last saw the deceasedalive on **June 2**, 1951, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-T

100105



RECEIVED  
JUN 2 1951  
BUREAU V. S.

05923

## MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hurlock - Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hurlock - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Elwood</u>		STREET ADDRESS (If rural give location) <u>Near Elwood</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Willie</u> (Middle) <u>Mae</u> (Last) <u>Fletcher</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 28, 1902</u>
9. AGE last birthday <u>49</u> yrs.		10. If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Dorchester County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Elwood Crumble</u>		14. MOTHER'S MAIDEN NAME <u>Augusta Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>210-01-9435</u>	
17. INFORMANT <u>Ernestine E. Jenkins, Hurlock, Md., R.F.D.</u>			

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Obesity

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, or other disposal (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 6-1951 Chas W HastingsJ. J. Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED  
JUN 11 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

05924

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. 110

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hurlock</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hurlock</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.F.D.</u>		STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>John</u> (Middle) <u>Wesley</u> (Last) <u>Friend</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>17</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 20, 1893</u>
9. AGE last birthday <u>58</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Dorchester County, Md.</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Handy Friend</u>		14. MOTHER'S MAIDEN NAME <u>Laura Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW I</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Myrtle Friend, Hurlock, Md., R.F.D.</u>			

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Gun shot wound of brain</u>		<u>Instant</u>	
Antecedent cause(s) (b) <u>Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) <u>Injury in woods</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 17, 51</u> op. m.		HOW DID INJURY OCCUR? <u>Shot self with 32 pistol.</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>John M. M. M.</u> (Deputy Medical Examiner)		DATE SIGNED <u>6/18/51</u>	
23. BURIAL, CREMATION REM. (Specify) <u>Burial</u>		NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 21, 1951</u>		LOCATION (City, town, or county) (State) <u>Near Hurlock, Md.</u>	
24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS <u>J. J. Frampton and Son, Federalsburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT&amp;A

820105

RECEIVED  
JUN 25 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

05925

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cecil</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Price</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>208 Academy Street</u>		STREET ADDRESS (If rural, give location) <u>unknown</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>IDA</u> <u>B.</u> <u>HYNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE</u> <u>4</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8/20/1890</u>
9. AGE last birthday <u>60</u> yrs.		10. If under 1 year Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Norfolk, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Maul</u>		14. MOTHER'S MAIDEN NAME <u>Barbara Maul</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Barbara Hales-Cambridge, Md.</u>		205 Academy St.	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Generalized Carcinomatosis2 Mo.

Antecedent cause(s)

(b) adenocarcinoma of Rectum5 Mo. +

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>4-9-59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of Rectum showed adenocarcinoma</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-26, 1951, to 6-4, 1951, that I last saw the deceasedalive on 6-4, 1951, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/6/1951</u>		NAME OF CEMETERY OR CREMATORY <u>Church Hill Cemetery</u>		LOCATION (City, town, or county) (State) <u>Church Hill, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>June 8, 1951</u>		REGISTRAR'S SIGNATURE <u>John Mace, Jr., M.D.</u>		24. FUNERAL DIRECTOR <u>LeCompte Funeral Service,</u>		ADDRESS <u>Cambridge, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
JUN 11 1951  
BUREAU A. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05926

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH - COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u> TOWN <u>30 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge, Md.</u> TOWN <u>Slacum St.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Slacum St.</u>		STREET ADDRESS (If rural give location) <u>Slacum St.</u>	
3. NAME OF DECEASED (First) <u>Mrs. Nettie Portia Kane</u> (Middle) (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>1</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4/17/87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Various Homes</u>	9. AGE last birthday <u>64</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mln.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Boston</u>		14. MOTHER'S MAIDEN NAME <u>Rosie Cephas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Mrs. Beulah Anna Tilghman</u>			

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

## Immediate cause

(a) Acute Cardiac Failure4 hrs.

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-Vascular Disease28 days

(c)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒  
(STATE)

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6/29, 1950, to June 1, 1951, that I last saw the deceasedalive on June 1, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Harold M. Wilson, M.D. 324 H Pine Street, Cambridge, Md. 6/2/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/4/51</u>	<u>Bethel Cemetery</u>	<u>Cambridge</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 5, 1951</u>	<u>John Mace, Jr., M.D.</u>	<u>Herbert M. St. Clair, Jr.</u>	<u>Camb., Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 7 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 112

05927

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thienna (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Thienna (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Frederick</u> (First) <u>(none)</u> (Middle) <u>Kraft</u> (Last)		4. DATE OF DEATH <u>6/3/51</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/5/869</u>
9. AGE last birthday <u>81</u> yrs.		10. If under 1 year: Months <u>11</u> Days <u>13</u> Hours <u>51</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Kraft</u>		14. MOTHER'S MAIDEN NAME <u>Don't know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>                    </u>	
17. INFORMANT AND ADDRESS <u>Ms. Frederick Kraft</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemorrhage  
 83a Antecedent cause(s) (b) Atherosclerosis, generalized  
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

11 days  
unknown

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/24, 1951, to 5/31, 1951; that I last saw the deceased alive on 6/3, 1951, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
<u>Burial</u>		<u>6/5/1951</u>		<u>East New Market</u>		<u>East New Market, Md.</u>		<u>Md.</u>	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
<u>June 4 - 51</u>		<u>Elizabeth W. Kraft</u>		<u>413 N. Market St.</u>		<u>East New Market</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A151

RECEIVED  
JUN 8 1951  
BIRMINGHAM, ALA.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

05928

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <b>Dorchester</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge (Rural)</b>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge (Rural)</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>RFD #3 Morris Neck</b>				STREET ADDRESS <b>RFD #3 Morris Neck</b>	
3. NAME OF DECEASED (Type or Print) <b>SALLY KEYS</b>		(First) <b>SALLY</b> (Middle) <b>KEYS</b> (Last) <b>LE COMPTE</b>		4. DATE OF DEATH (Month) <b>JUNE</b> (Day) <b>19</b> (Year) <b>51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-20-1886</b>	9. AGE last birthday <b>65</b> yrs.	If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Thomas L. Keys</b>		14. MOTHER'S MAIDEN NAME <b>Annie M. Travers</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY No. <b>none</b>		17. INFORMANT AND ADDRESS <b>C.A. LeCompte - Cambridge RFD #3, Md.</b>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <b>Cerebral hemorrhage</b>	<b>1 hour</b>
443X Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <b>Hypertensive cardiovascular disease</b>	<b>?</b>
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE *John Mace, Jr.* (Degree or title) **M.D.** ADDRESS **Cambridge, Md.** DATE SIGNED **6/22/51**

**Deputy Medical Examiner Dorchester county**

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>6-21-1951</b>	NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	LOCATION (City, town, or county) (State) <b>Cambridge, Maryland</b>
DATE REC'D BY LOCAL REG. <b>June 22, 1951</b>	REGISTRAR'S SIGNATURE <i>John Mace, Jr., M.D.</i>	24. FUNERAL DIRECTOR <b>LeCompte Funeral Service,</b> <b>Cambridge, Maryland</b>	

Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU W. S.

JUN. 25 1951

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05929

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>421 Henry St.</u>		STREET ADDRESS (If rural, give location) <u>421 Henry St.</u>	
3. NAME OF DECEASED (Type or Print) <u>ERNEST SEVERN</u> (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>3-14-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Co. Engineer, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>58</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Bishops Head, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>James T. Mason</u>		14. MOTHER'S MAIDEN NAME <u>Hettie Mason</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>70</u>		16. SOCIAL SECURITY NO. <u>215-14-3904</u>	
17. INFORMANT AND ADDRESS <u>Cora Mason 431 Henry St. Camb.</u>			

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Crown Thrombosis</u>		<u>24 hrs.</u>
Antecedent cause(s) (b) <u>Cardio-Renal Vasculature</u>		<u>6 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arterio Sclerosis</u>		<u>6 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paraplegic - left / Paralysis</u>		<u>6 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 10 1951</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>---</u>

22. I hereby certify that I attended the deceased from 7-1, 1950, to 6-10, 1951; that I last saw the deceased alive on 6-9, 1951, and that death occurred at 4:15 P m, from the causes and on the date stated above.

SIGNATURE Richard E. Murphy M.D. (Degree or title) ADDRESS Cambridge Md. DATE SIGNED 6-11-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 12-51</u>	NAME OF CEMETERY OR CREMATORY <u>Cambridge Cemetery</u>	LOCATION (City, town, or county) <u>Cambridge Md.</u> (State)
DATE REC'D BY LOCAL REG. <u>June 18, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mason, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>Reuben R. Thomas</u>	ADDRESS <u>Cambridge</u>

VS. A15

583516



RECEIVED  
JUN 18 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge R.F.D. #3</u> LENGTH OF STAY (in this place) <u>Two years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge R.F.D. #3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>(Home) Casins Neck</u>		STREET ADDRESS <u>Casins Neck</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MAXWELL</u> (Middle) <u>C.</u> (Last) <u>MAXWELL</u>	4. DATE OF DEATH	(Month) <u>June</u> (Day) <u>13</u> (Year) <u>19 51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/18/1877</u>
9. AGE last birthday <u>73</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Industrial Executive</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Male &amp; Towne Mfg.</u>	
11. BIRTHPLACE (State or foreign country) <u>Washington, D. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles H. Maxwell</u>		14. MOTHER'S MAIDEN NAME <u>Alice Carson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY No. <u>364-01-8919</u>	
17. INFORMANT AND ADDRESS <u>Mrs M.C. Maxwell Cambridge, R.F.D., Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420-1 Immediate cause (a) <u>Coronary Thrombosis</u>			<u>1/2 hour</u>
94- Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple polypoid and diverticulitis large intestine</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
SUICIDE		INJURY	
HOMICIDE			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED	
OF		While at Not While	
INJURY		Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-23</u> , 19 <u>47</u> , to <u>6-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>51</u> , and that death occurred at <u>10:30</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>William E. Guibor</u>		ADDRESS <u>7 Race St., Cambridge Md</u>	
DATE SIGNED <u>6-15-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
CREMATION		<u>6/15/1951</u>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Silverbrook Crematory</u>		<u>Wilmington, Delaware</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
<u>6/16/1951</u>		<u>John Mace, Jr., M.D.</u>	
24. FUNERAL DIRECTOR		ADDRESS	
<u>Lecompte Funeral Service</u>		<u>Cambridge Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05931

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Worcester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>unknown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>CHARLES</u> (Middle) (Last) <u>McALIEN</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>unknown</u>
9. AGE last birthday <u>71 ?</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital records</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Heart Failure, Lung edema

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Lobar pneumonia(c) Hypertensive cardiovascular disease

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Psychosis with mental deficiency

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

## 20. AUTOPSY?

Yes ☐ No ☒22. I hereby certify that I attended the deceased from....., 19....., to June 11, 1951, that I last saw the deceasedalive on June 11, 1951, and that death occurred at 3 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION, or other disposal (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATOR

## LOCATION (City, town, or county)

(State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

PLEASE USE

RECEIVED  
JUN 15 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

05932

Reg. Dist. No. 116

1. PLACE OF DEATH - COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Cambridge</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Cambridge, R.F.D. #2</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Cambridge MD. Hospital</b>		STREET ADDRESS (If rural, give location) <b>rural</b>	
3. NAME OF DECEASED (Type or Print) (First) <b>Gertrude</b> (Middle) <b>Schnoor</b> (Last) <b>Meyer</b>		4. DATE OF DEATH (Month) <b>June</b> (Day) <b>7</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 7, 1929</b>
9. AGE last birthday <b>21</b> yrs.		10. If under 1 year Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	
11. BIRTHPLACE (State or foreign country) <b>Cambridge</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Henry Schnoor</b>		14. MOTHER'S MAIDEN NAME <b>Esther Lindner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Esther Schnoor, Camb. R.F.D. #2</b>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		14 hrs.	
(a) <b>Second degree burns entire body</b>			
(b) <b>Antecedent cause(s)</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <b>Home</b>	(CITY OR TOWN) (COUNTY) (STATE) <b>Cambridge, R. F. D. #2, Dorchester, Md.</b>	
TIME (Month) (Day) (Year) (Hour) INJURY <b>June 6 51 11a.m.</b>	INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <b>Dress caught fire when kerosene exploded.</b>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <b>John Mace, Jr.</b> (Degree or title)		DATE SIGNED <b>6/7/51</b>	
Deputy Medical Examiner, Cambridge, Md.			
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>June 9, 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Dor. Memorial Park</b> LOCATION (City, town, or county) (State) <b>Cambridge, Md.</b>	
DATE REC'D BY LOCAL REG. <b>June 8, 1951</b>	REGISTRAR'S SIGNATURE <b>John Mace, Jr. M.D.</b>	24. FUNERAL DIRECTOR <b>Kenneth R. Thomas, Cambridge, Md.</b> ADDRESS <b>Kenneth R. Thomas.</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 15 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05933

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RFD # 2, Cambridge</u>		STREET ADDRESS <u>RFD # 2, Cambridge</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>EDWARD MITCHELL</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>14</u> , (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 14, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmhand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE last birthday <u>57</u> yrs. If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles Mitchell</u>		14. MOTHER'S MAIDEN NAME <u>Hester Pinder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>213-24-0617</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Sarah L. Mitchell - Wife</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Carcinoma of esophagus1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)   (c)   II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

October 1950

## 19b. MAJOR FINDINGS OF OPERATION

Advance carcinoma of esophagus

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at Not While  
Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1950, to June 14, 1951, that I last saw the deceased alive on June 14, 1951 and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Harold M. Wilson, M. D., 224 Pine St., Cambridge, Maryland June 14, 1951

## 23. BURIAL, CREMATION REMOVAL (Specify)

Burial

## DATE THEREOF

6-17-51

## NAME OF CEMETERY OR CREMATORY

Cordtown Cemetery

## LOCATION (City, town, or county)

Cambridge, Maryland

(State)

## DATE REC'D BY LOCAL REG.

July 3, 1951

## REGISTRAR'S SIGNATURE

John Mace, Jr., M.D.

## 24. FUNERAL DIRECTOR

Lewis H. Bayneum, Cambridge, Md.

## ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

100105



RECEIVED  
JUL 5 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05934

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>RAYMOND</u>	(Middle) <u>O.</u>	(Last) <u>MUELLER</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>12</u> (Year) <u>19 51</u>
8. DATE OF BIRTH <u>Oct. 11, 1883</u>		9. AGE last birthday <u>67</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer owner - retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William E. Mueller</u>		14. MOTHER'S MAIDEN NAME <u>Wilhemina Osterman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>217-28-3444</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital records</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

## Immediate cause

(a) Bronchopneumonia, pleurisy2 days

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General Arteriosclerosis with Multiple Cerebral hemorrhages1 year(c) Diaphragmatic hernia, leftunknown

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Psychosis due to cerebral arteriosclerosisseveral years

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1950, to June 12, 1951, that I last saw the deceasedalive on June 12, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial 6/14/51 Spring Hill Easton, Maryland

June 13, 1951 John Mace, Jr., M.D. Maurice E. Newman & Son Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1A15

RECEIVED

JUN 15 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05935

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>East New Market</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>East New Market</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.F.D.#1</u>		STREET ADDRESS (If rural, give location) <u>R.F.D.#1</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>LILY</u> (Middle) <u>ELIZABETH</u> (Last) <u>POWNER</u>	4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-12-1884</u>
9. AGE last birthday <u>66</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Alford (Essex) England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Pyle</u>		14. MOTHER'S MAIDEN NAME <u>Emma Garland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>George N. Powner - R.F.D.#1 (Md)</u>		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Carcinoma of Thyroid (Primary)

## Antecedent cause(s)

(b) Carcinoma of Liver (metastatic)(c) stating the underlying cause last11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-1-, 1951, to 6-9-, 1951, that I last saw the deceasedalive on 6-6-, 1951, and that death occurred at 4:05 P.M., from the causes and on the date stated above.SIGNATURE Robert E. Bunker M.D. ADDRESS 9 Lee St. Cambridge - Md. DATE SIGNED 6-11-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6-12-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park - Cambridge, Maryland</u>	LOCATION (City, town, or county) <u>Cambridge, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>June 12, 1951</u>	REGISTRAR'S SIGNATURE <u>John Mace, Jr. M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service, Cambridge, Maryland</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED  
JUN 14 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

05936

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>District Of Columbia</b> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Cambridge</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <b>Washington D. C.</b> TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Cambridge Maryland Hosp.</b>		STREET ADDRESS <b>.Not Known</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <b>ORVILLE</b>	(Middle) <b>E.</b>	(Last) <b>PUGSLEY</b>
4. DATE OF DEATH	(Month) <b>JUNE</b>	(Day) <b>3</b>	(Year) <b>1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-23-1905</b>
9. AGE last birthday <b>45</b> yrs.		10. AGE last birthday If under 1 year Months Days If under 24 hrs Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auditor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. GOVT.</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>O.V. Pugsley</b>		14. MOTHER'S MAIDEN NAME <b>Mary E. Burkenholtz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unknown</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>Not Known</b>	
17. INFORMANT AND ADDRESS <b>Maltilda F. Pugsley-Washington, D. C.</b>			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Coronary occlusion</b>	<b>1 hour</b>
Antecedent cause(s) (b) <b>420.1</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>94a</b>	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE **John Mace Jr. M.D. Cambridge, Md** (Degree or title) ADDRESS **6/14/51** DATE SIGNED

23. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>	DATE THEREOF <b>6-5-1951</b>	NAME OF CEMETERY OR CREMATORY <b>Old Trinity Cemetery</b>	LOCATION (City, town, or county) (State) <b>Church Creek, Maryland</b>
DATE REC'D BY LOCAL REG. <b>June 8, 1951</b>	REGISTRAR'S SIGNATURE <b>John Mace Jr. M.D.</b>	24. FUNERAL DIRECTOR <b>LeCompte Funeral Service,</b> ADDRESS <b>Cambridge, Maryland</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 11 1951  
BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05937

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hospital</u>		STREET ADDRESS (If rural, give location) <u>395 Robbins St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Sarah</u> (First) <u>Lewis</u> (Middle) <u>Rasche</u> (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>27</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 22-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>46</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Cambridge P. I.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Sumnerfield Lewis</u>		14. MOTHER'S MAIDEN NAME <u>Ida Mills</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>214-07-7476</u>	
17. INFORMANT AND ADDRESS <u>Henry Rasche Cambridge</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>15 months</u>
Immediate cause (a) <u>Carcinoma of the Right Breast with</u> Antecedent cause(s) <u>Metastases to the lungs.</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Diabetes</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 months
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April, 1950, to June 27, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lida Oren Meredith Physician 28 Poplar Street, Cambridge, Maryland June 28, 1951

23. BURIAL CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Removal June 29, 1951 Dor. Memorial Park, Cambridge Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

June 30, 1951 John Mace, Jr., M.D. Kenneth R. Thomas Cambridge

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(S. 11)

RECEIVED

JUL 1 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05938

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>10 Park Lane</u>		STREET ADDRESS (If rural, give location) <u>10 Park Lane</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Sarah Jane Robinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Mar. 2, 1897</u>
9. AGE last birthday <u>54</u> yrs. <u>3</u> months <u>11</u> days		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>White Haven, W.Va., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Mary Stewart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Rev. Wm. J. Robinson, Cambridge, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 days

## Antecedent cause(s)

(b) Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arthritis, severe, generalizedundetermined

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 27, 1949, to June 13, 1951, that I last saw the deceased alive on June 10, 1951, and that death occurred at 12<sup>25</sup> P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Alfred R. MaryanorM.D.136 Race St., Cambridge6/15/51

23. BURIAL, CREMATION, REINTERMENT (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6/16/51</u>		<u>Salisbury Cemetery</u>		<u>Salisbury, Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>June 16, 1951</u>		<u>John Mace, Jr., M.D.</u>		<u>Herbert M. St. Clair, Jr.</u>		<u>Cambridge, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

RECEIVED  
JUN 18 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

05939

1. PLACE OF DEATH: COUNTY <b>Dorchester</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>Maryland</b>		COUNTY <b>Wor.</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>rural Cambridge</b>		LENGTH OF STAY (in this place) <b>10 months</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Berlin, route 2</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Eastern Shore State Hospital</b>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH		(Month) (Day) (Year)
<b>EDWARD</b>		<b>ALLEN</b>	<b>SPENCER</b>	<b>June 6</b>		<b>1957</b>	
5. SEX	6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>widowed</b>		8. DATE OF BIRTH		9. AGE last birthday
<b>male</b>	<b>white</b>				<b>4/9/74</b>		<b>77</b> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>waterman</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>	
13. FATHER'S NAME <b>Thomas Jackson Spencer</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT AND ADDRESS <b>Eastern Shore State Hospital records</b>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) **Heart failure following hypotaxitic pneumonia**

## INTERVAL BETWEEN ONSET AND DEATH

**2 days**

## Antecedent cause(s)

(b) **General arteriosclerosis****Several years**(c) **Cerebral thrombosis****3 days**

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

**Ischemia due to cerebral arteriosclerosis****Several years**

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at Not While  
Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 15, 1957**, to **June 6, 1957**, that I last saw the deceasedalive on **June 6, 1957**, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**A. S. Ledermann****M.D. E.S.S.H., Cambridge, Md.****6-7-57**23. BURIAL, CREMATION  
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

**6-15-57****John Mace, Jr., M.D.****Anna Burroughs Berlin, Md.****9/10/46**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED  
JUN 8 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

05940

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <b>Dorchester</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Dorchester</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Taylor's Island</b> OR <b>TOWN</b> <b>in this place</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Madison</b> OR <b>TOWN</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>(none)</b>		STREET ADDRESS <b>(none)</b> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <b>LAURA</b> (Middle) <b>B.</b> (Last) <b>STAPLEFORTE</b>		4. DATE OF DEATH (Month) <b>June 2,</b> (Day) <b>19</b> (Year) <b>51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7/21/1855</b>
9. AGE last birthday <b>95</b> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Lakesville, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William LeCompte Jones</b>		14. MOTHER'S MAIDEN NAME <b>Mary Ann Applegarth</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>none</b>	
17. INFORMANT <b>Miss Hesta Neild, Cambridge, Md.</b>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Coronary occlusion**

INTERVAL BETWEEN ONSET AND DEATH

**Instant**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS

PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

ADDRESS

DATE SIGNED

**John Pace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 6-5-51**

23. BURIAL, CREMATION

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

REMOVAL (Specify)

**6-4-1951**

**Dorchester Memorial Park, Cambridge, Md.**

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

**6-6-1951**

**John Pace, Jr., M.D.**

**LeCompte Funeral Service,**

**Cambridge, Maryland**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
JUN 2 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05941

Reg. Dist. No. 1123

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Vienna</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Vienna</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Edith</u>	(Middle) <u>Caroline</u>	(Last) <u>Stewart</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>1</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24, 1893</u>
9. AGE last birthday <u>57</u> yrs.		10. If under 1 year: Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Lilton T. Robbins</u>		14. MOTHER'S MAIDEN NAME <u>Emma Briddell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Herman Stewart, Vienna, Maryland</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral hemorrhage</u>			<u>8 hour</u>
Antecedent cause(s) (b) <u>Arteriosclerotic Heart Disease</u>			<u>?</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Generalized carcinomatosis. Primary focus unknown</u>			<u>3 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
HOMICIDE		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/21</u> , 19 <u>51</u> , to <u>6/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 1</u> , 19 <u>51</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Lawrence Maryanov M.D.</u>		ADDRESS <u>Cambridge, Md.</u>	
DATE SIGNED <u>6/4/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE TIME OF <u>June 5, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>		LOCATION (City, town, or county) (State) <u>Vienna, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>June 5, 1951</u>		REGISTRAR'S SIGNATURE <u>J. J. Frampton</u>	
24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalburg, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 15 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

05942

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Vienna</u>	
TOWN <u>Cambridge</u>		TOWN <u>Vienna</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Md. Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Harry</u> (First) <u>Stokes</u> (Last)		4. DATE OF DEATH <u>6/18</u> (Month) <u>19</u> (Year)	
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>10/19/1886</u>	
9. AGE last birthday <u>66</u> yrs.		10. If under 1 year: Months <u>6</u> Days <u>18</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer (ret)</u>		12. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Thomas Stokes</u>		14. MOTHER'S MAIDEN NAME <u>Cora Gauld</u>	
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>7-00-000000</u>	
17. INFORMANT AND ADDRESS <u>Mrs Harry Stokes (Wife)</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) <u>Cerebral hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
83a Antecedent cause(s) (b) <u>Hypertension, essential</u>	<u>unknown</u>
(c)	

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1951, to 6/18, 1951, that I last saw the deceased alive on 6/18, 1951, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE <u>Lawrence Maryann M.D.</u>	ADDRESS <u>Cambridge, Md.</u>	DATE SIGNED <u>6/19/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6/21/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Vienna</u>
LOCATION (City, town, or county) <u>Vienna, Md.</u>	(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>June 21, 1951</u>	REGISTRAR'S SIGNATURE <u>John D. ...</u>	24. FUNERAL DIRECTOR <u>H. B. Houghton</u>
		ADDRESS <u>East New Market</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 22 1951  
BUREAU V. S.

## 05943

# CERTIFICATE OF DEATH

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-A

<b>1. PLACE OF DEATH - COUNTY</b> Dorchester		<b>MARYLAND</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED - STATE</b> Maryland		<b>COUNTY Cecil</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Md.		(Rising Sun)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS E.S.S.Hospital				STREET ADDRESS (If rural, give location)			
<b>3. NAME OF DECEASED</b> (Type or Print)		(First)		(Middle)		(Last)	
Henry		William		Teague			
<b>5. SEX</b> Male		<b>6. COLOR OR RACE</b> White		<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> Married		<b>8. DATE OF BIRTH</b> Unknown	
<b>9. AGE last birthday</b> 79 1/2 yrs.		<b>10. DATE OF DEATH</b> June 21, 1951		<b>11. BIRTHPLACE (State or foreign country)</b> Unknown		<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.	
<b>13. FATHER'S NAME</b> Modie Teague		<b>14. MOTHER'S MAIDEN NAME</b> Unknown		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY No.</b>	
<b>17. INFORMANT AND ADDRESS</b> Ira T. Teague Rising Sun Md.		<b>18. MEDICAL CERTIFICATION</b>		<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>Immediate cause</b> (a) Cerebral Thrombosis		<b>Antecedent cause(s)</b> (b) General Arteriosclerosis with Beginning Cerebral Gangrene		<b>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</b> (c)			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to Cerebral Sclerosis		<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>PLACE (Home, farm, factory, street, office bldg., etc.)</b> INJURY		<b>(CITY OR TOWN)</b>		<b>(COUNTY)</b>	
<b>TIME (Month) (Day) (Year) (Hour) OF INJURY</b>		<b>INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		<b>HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Nov. 8, 1950, to June 21, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 1:15 a.m., from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> (Degree or title)		<b>ADDRESS</b>		<b>DATE SIGNED</b>			
H. E. Tyson		Eastern Shore State Hospital, Cambridge, Md.		6/21/51			
<b>23. BURIAL, CREMATION REMOVAL (Specify)</b>		<b>DATE THEREOF</b>		<b>NAME OF CEMETERY OR CREMATORY</b>		<b>LOCATION (City, town, or county) (State)</b>	
Burial		June 24, 1951		Baptist Cem.		Conowingo Cecil Md.	
<b>DATE REC'D BY LOCAL REG.</b>		<b>REGISTRAR'S SIGNATURE</b>		<b>24. FUNERAL DIRECTOR</b>		<b>ADDRESS</b>	
June 22, 1951		John Mac... Jr.		J. E. Tyson		Rising Sun Md.	

RECEIVED  
JUN 25 1951  
BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05944

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Golden Hill</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Golden Hill</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)		STREET ADDRESS (If rural, give location) (none)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>WILLIAM</u> <u>RUFUS</u> <u>TODD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE</u> <u>21</u> <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-20-1877</u>
9. AGE last birthday <u>73</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Indust.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Michael Todd</u>		14. MOTHER'S MAIDEN NAME <u>Annie Gore</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Alvin Keene-Golden Hill-Maryland</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Heart Failure

Antecedent cause(s)

(b)

Coronary Artery Disease

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

3 days  
3 yrs

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/15, 1949 to June 21, 1951, that I last saw the deceasedalive on June 16, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6-23-1951</u>	<u>St. Johns Cemetery</u>	<u>Golden Hill</u>	<u>Maryland</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>June 20, 1951</u>	<u>James M. D. M.D.</u>	<u>LeCompte Funeral Service,</u>		

Cambridge, Maryland 70307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
JUN 26 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

05945

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Fishing Creek</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Fishing Creek</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (none)		STREET ADDRESS (none)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Donald</u>	(Middle) <u>Henry</u>	(Last) <u>Travers</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>3</u> (Year) <u>1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (None) <u>Student - Elementary School</u>	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH <u>6/13/1941</u>	9. AGE last birthday <u>9</u> yrs. If under 1 year Months <u>11</u> Days <u>7</u> If under 24 hrs Hours <u>11</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Marion M. Travers</u>		14. MOTHER'S MAIDEN NAME <u>Mary Travers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mary Travers, Fishing Creek, Md.</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Accidental Drowning</u>			
Antecedent cause(s) (b) <u>929.8 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>6-3-51</u> <u>4 P.</u> m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Hugh Brown</u>		ADDRESS <u>md Cambridge</u>	
DATE SIGNED <u>June 4/51</u>		DATE SIGNED <u>md</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>6/6/1951</u>	<u>Dorchester Memorial Park</u>	<u>Cambridge, Maryland</u>
DATE REC'D BY LOCAL REG. <u>June 6, 1951</u>	REGISTRAR'S SIGNATURE <u>Green Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR ADDRESS <u>LeCompte Funeral Service,</u>	

Cambridge, Maryland

RECEIVED  
JUN. 2 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05946

Reg. Dist. No. 11.6

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Choptank Avenue</u>		STREET ADDRESS (If rural, give location) <u>Choptank Avenue</u>	
3. NAME OF DECEASED (First) <u>GRACE</u> (Middle) <u>ROBINSON</u> (Last) <u>TUBMAN</u>		4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>3</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/25/1866</u>
9. AGE last birthday <u>84</u> yrs.		10. If under 1 year Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Robinson</u>	
14. MOTHER'S MAIDEN NAME <u>Elizabeth Watters</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY No. <u>none</u>		17. INFORMANT AND ADDRESS <u>Mr. Victor Tubman- Cambridge, Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Arterio sclerosis, gen., severe c heart failure.</u>		<u>7 days</u>
Antecedent cause(s) (b) <u>Psychosis, senile</u>		<u>  </u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arthritis, chronic, etiology unknown</u>		<u>  </u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1951, to June 3, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/5/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Christ Church Cemetery- Cambridge, Maryland</u>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>June 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Green Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR ADDRESS <u>LeCompte Funeral Service Cambridge, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-413

RECEIVED  
JUN 8 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05947

Reg. Dist. No. 116

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and (If nearest town) <u>Cambridge md</u> LENGTH OF STAY (in this place) <u>1 year</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cambridge md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>418A High St</u>		STREET ADDRESS (If rural, give location) <u>418A High St</u>	
3. NAME OF DECEASED (Type or Print) <u>Samuel</u> (First) <u>Warwick</u> (Middle) <u>Warwick</u> (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-15-85</u> 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Dont know</u>
13. FATHER'S NAME <u>Dont know</u>		14. MOTHER'S MAIDEN NAME <u>Dont know</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
		17. INFORMANT AND ADDRESS <u>William Collins Bank</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>Cerebral Hemorrhage</u>		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>331X</u>		
(c) <u>83a</u>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-51, 1951, to 6-5-51, 1951, that I last saw the deceased alive on 6-5-51, 1951, and that death occurred at 6-5-51 m., from the causes and on the date stated above.

SIGNATURE S. Elbrader (Degree or title) MD ADDRESS 232 Cedar St DATE SIGNED 6-6-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 7, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Trappe Cemetery</u>	LOCATION (City, town, or county) <u>Ind</u> (State)
DATE REC'D BY LOCAL REG. <u>June 8, 1951</u>	REGISTRAR'S SIGNATURE <u>John M. ...</u>	24. FUNERAL DIRECTOR <u>Seward B. Bayneum</u>	ADDRESS

VS. A15

T

PLEASE WRITE PLAINLY, WITH UNFADING INK.



RECEIVED  
JUN 11 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05948

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Wicomico</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Salisbury</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Eastern Shore State Hospital</u>		STREET ADDRESS (If rural, give location) <u>555 Jackson Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>WILLIAM</u> (Middle) <u>OSCAR</u> (Last) <u>WILKINSON</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>9/19/86</u>
9. AGE last birthday <u>64</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ship carpenter</u>	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George Wilkinson</u>		14. MOTHER'S MAIDEN NAME <u>Emma Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY No. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Eastern Shore State Hospital records</u>			

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Lobar pneumonia with pleurisy following slight cerebral hemorrhage</u>	<u>2 days</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Cardiovascular Hypertensive Disease</u>	<u>sev. yrs.</u>
	(c) <u>Rectum polyposis</u>	<u>unknown</u>

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
<u>Psychosis due to Cerebral Sclerosis</u>		<u>sev. yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1950, to June 20, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Reford S. Coleman M.D. Eastern Shore State Hosp., Cambridge, Md. 6/20/51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>June 22-51</u>	<u>June 22-51</u>	<u>St. Ann's Roman Catholic Church</u>	<u>Salisbury, Md.</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 21, 1951</u>	<u>John Mace, Jr.</u>	<u>William H. Holtzman</u>	<u>51038</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED  
JUN 22 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05949

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge Maryland Hosp.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Drawbridge</u> STREET ADDRESS (If rural, give location) <u>Cambridge RFD # 2</u>	
3. NAME OF DECEASED (Type or Print) <u>RILEY</u> (First) <u>J.</u> (Middle) <u>WILLEY</u> (Last)		4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>29</u> , (Year) <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-13-1895</u>
9. AGE last birthday <u>56</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>David J. Willey</u>		14. MOTHER'S MAIDEN NAME <u>Bertie Hughes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Elsie Willey-Drawbridge, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

9 HOURS

Antecedent cause(s)

(b)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 28 JUNE, 1951, to 29 JUNE, 1951, that I last saw the deceasedalive on 28 JUNE, 1951, and that death occurred at 12:05 AM on 29 JUNE, 1951, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>7-1-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Dorchester Memorial Park</u>	LOCATION (City, town, or county) <u>Cambridge, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>July 3, 1951</u>	REGISTRAR'S SIGNATURE <u>James Mace, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>LeCompte Funeral Service</u> <u>Cambridge, Maryland</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15

